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Foreword

It is intended to use the *Coding Quarterly* to issue guidance on general coding issues and specific coding queries which arise frequently. Other matters of general interest relating to the work of the Scottish Clinical Coding Centre (SCCC) and Quality Assessment and Accreditation (QAA) will also be included.

A summary list of the codes covered in the *Coding Quarterly* throughout the year will be issued annually: first list included in this edition.

If there are any coding issues that you would like to see covered in the *Coding Quarterly*, please contact the SCCC.

The Scottish Clinical Coding Centre (SCCC) and Quality Assessment and Accreditation (QAA) form Unit 7 at ISD Scotland.

**SCCC** is responsible for all clinical coding related matters in the NHS in Scotland, including ICD10, OPCS4 and Read coding.

A coding advisory service is provided by the SCCC to give help and guidance to coders and others with specific coding problems and queries, and to advise on any other issues relating to clinical coding.

Coding queries that cannot be resolved easily are referred to the Clinical Coding Review Group (CCRG). This group meets monthly in the SCCC and comprises Consultants in Public Health Medicine, Clinical Coding Tutors and other members of QAA and SCCC staff. The CCRG’s resolutions are communicated to the Coding Review Panel at the NHS Centre for Coding and Classification in England. In this way, consistency in coding policy and practice throughout the UK can be maintained. Any problems that cannot be resolved at the CCRG, or that require changes to the UK coding policy, are further discussed at the Coding Review Panel, and may be referred to the World Health Organisation (WHO).

**CODING ADVISORY SERVICE**
Tel 0131-551 8345

**QAA** is responsible for monitoring the quality of central returns against nationally agreed standards in terms of accuracy, completeness, consistency and fitness for purpose, offering recommendations for improving data quality.

In addition, QAA undertakes specific data quality projects, on request, for purchasers, providers and clinicians.

Coding queries relating to QAA projects should be referred to QAA rather than SCCC. Tel. 0131-551 8005/8976.
SCCC / QAA News

Esther Morris, Clinical Coding Tutor for Ayrshire and Arran, Forth Valley and Dumfries and Galloway had a baby girl, Ellen Frances, on 28th June, weighing 6lb 1oz. Mother and baby are both well.

Mary Virtue who worked in the Clinical Coding Centre and was temporarily seconded to QAA has now been given a permanent post with QAA.

Laura Dobbie has recently joined the QAA team after completing a degree in Information Management at Queen Margaret College, Edinburgh.

Gillian Boyle will also be joining the QAA team in September/October when they start their next round of visits.

Ann Ward will take over as the contact for any Read issues (Tel 0131-551-8430) when Gillian moves to QAA.

Training

Coppish SMRs

All trusts have now converted to the new SMR datasets. Training, which emphasises the changes in the datasets and looks in detail at the new coding structure is still available to any site requiring help. It is imperative that all staff involved in collecting and/or processing SMR data receive training. Please contact SCCC or the Clinical Coding Tutor for your area to arrange suitable dates for training.

ICD10/OPCS4

Most coding staff have now been trained in ICD10 and OPCS4 as required but any site with requirements for training should contact SCCC.

Anatomy and Physiology

A two day course in basic Anatomy and Physiology is available for coders. For more information, please contact SCCC or the Clinical Coding Tutor for your area.

Read codes

Training and/or advice on Read codes is available from the SCCC. Please phone for further details (0131-551 8424).

GP Fundholders

Some GP Fundholding practices have had training in ICD10 and/or OPCS4 coding. If you know of any practices in your area which are interested in OPCS4, ICD10 or SMR training, please advise the SCCC.

Charging for Training Courses

When ICD10 was introduced, it was decided that all training courses would be provided free of charge to encourage coders to be trained to the same standard throughout Scotland. This
was always meant to be a temporary measure, and unfortunately we will have to re-
introduce charges for courses sometime in 1998. Further details will be issued at a later date.
QAA current activity

Assessments of SMR01 and SMR02 for 1996/97 data are ongoing. It is hoped that results for all hospitals included in both samples will be issued by the end of the year.

SMR01
To date assessments have been carried out at the following hospitals:

Borders General Hospital, Melrose
Victoria Hospital, Kirkcaldy
Caithness General Hospital, Wick
City Hospital, Edinburgh
Aberdeen Royal Infirmary
Woodend General Hospital, Aberdeen
Western Infirmary/Gartnavel General Hospital, Glasgow
Royal Infirmary, Edinburgh
Monklands Hospital, Airdrie
Royal Hospital for Sick Children, Yorkhill, Glasgow

Results will have been issued to all hospitals by early September 1997.

A follow-up meeting is arranged with each trust to discuss the results and any training issues raised. Both the QAA team leader for the assessment visit and the clinical coding tutor for the area attend these meetings. Follow-up meetings have been carried out for 8 trusts. The meetings have proved to be very successful for both SCCC/QAA and the trust medical record/information staff. Further meetings will be arranged as the results are issued.

Assessments for the remaining 20 hospitals in the sample will be carried out in the next few months.

SMR02
To date assessments have been carried out at the following hospitals:

St John’s Hospital at Howden, Livingston
Bellshill Maternity Hospital
Eastern General Hospital, Edinburgh
Aberdeen Maternity Hospital
Caithness General Hospital, Wick
Forth Park Maternity Hospital, Kirkcaldy
Perth Royal Infirmary

Results will be issued over the next few months.

Assessments for the remaining 9 hospitals in the sample will be carried out in the next few months.
Rhabdomyolysis

Although this was indexed in ICD9, there is no entry for rhabdomyolysis in ICD10. The correct code is:

M62.89 - Other specified disorders of muscle

Meconium Staining

There is doubt as to whether meconium staining in an otherwise normal delivery should be recorded. If there is mention of meconium staining or meconium in the amniotic fluid in a delivery episode on SMR02, this should be coded as appropriate using

O68.1 - Labour and delivery complicated by meconium in amniotic fluid OR
O68.2 - Labour and delivery complicated by fetal heart rate anomaly with meconium in amniotic fluid

Index trail
Delivery
- complicated (by)
  - meconium in liquor O68.1
  - - with fetal heart rate anomaly O68.2

Example
Notes state “Meconium in liquid”. Nothing is done, the baby is fine and no treatment is given.
Code to O68.1 or O68.2 as appropriate.
Coding Guidelines — OPCS4

Anti-D

If an injection of Anti-D is given, it needs to be recorded both in ICD10 and OPCS4. The appropriate OPCS4 code to use is

X30.1 - Injection of rh immune globulin

Brushings for Cytology

The code Y21.1 (Brush cytology of organ noc) should be used to indicate that brushings were taken for cytology

Examples:

Flexible bronchoscopy with washings/ brushings for cytology  E49.8 / Y21.1
Flexible bronchoscopy with washings/ brushings and biopsy  E49.1 / Y21.1
Flexible bronchoscopy with biopsy  E49.1

NB Y21.1 is for cytology only and should not be used for histology or microbiology

Cadaver Coding

Removal of organs from a dead person should not be recorded on SMR01. The code X45.- Donation of organ - should only ever be used for removal of an organ from a live donor.

Laparotomy

When an exploratory laparotomy is performed to search for possible pathology and a further procedure is carried out straightaway as a result of the exploration, it is only necessary to record the subsequent procedure and not the laparotomy.

Example

Admission reason  Acute abdominal pain
Operation  Exploratory laparotomy reveals ruptured ovarian cyst
Marsupialisation of ovarian lesion

The only operation code required is Q43.3 - Marsupialisation of lesion of ovary

Recording non-operations

Various non-operations can be recorded in OPCS4 using a code from Y90. These include:

Y90.2 - Radiotherapy NEC
Y90.3 - Scanning nec including CATs, MRIs and ultrasound.
Y90.4 - Barium Meal/ Barium swallow
Y90.5 - Barium Enema

All these should be preceded by X55.8 - Other specified operations on unspecified organ.
General Information

ICD10/ OPCS4 Updates

A compilation of ICD10 and OPCS4 index updates is being prepared and will be available soon.

Validation queries

We are constantly trying to improve SMR the validations. If you have any problems with queries which are constantly having to be confirmed and you feel they should not be queried, please let us know by writing to the Coding Advisory Service, giving full details including codes and the relevant query number.

Coding personnel

In the SCCC we are often asked if we know of anyone willing to undertake short term coding contracts for trusts. If you are interested in having your name passed on to enquirers, please contact the SCCC with details of your coding experience. All information will be treated in the strictest confidence.